

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06/06/03.

I. DISPUTE

Whether reimbursement is recommended for the CPT code 95851 for the date of service 06/06/02. The carrier denied services as "F-Disallowed; our records indicate this service/procedure is included in another service/procedure."

II. RATIONALE

Requestor billed \$36.00 for CPT code 95851 carrier made no payment and denied services global for dates of service 06/06/02. Requestor submitted relevant information that indicates an office visit was performed on the dates of service in dispute. According to MFG MGR (I)(E)(4) reimbursement for range of motion is considered global when performed on the same date as an office visit.

Therefore, reimbursement is not recommended.

III. FINDINGS & DECISION

The above Findings and Decision are hereby issued this 8th day of April 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

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